



## CAMPAIGN FINANCE REPORT—STATEMENT OF NO ACTIVITY STATE OF WISCONSIN

Note: Use of this form is required by the Ethics Commission for reporting no activity in a campaign finance filing period. Completion of this form is mandatory for committees that file on paper. It is not the Commission's intention to use any personally identifiable information from this form for any other purpose.

SECTION A: REGISTRANT INFORMATION					
A1. Name of Committee/Conduit (in full) Friends of Shannon Strassman					
A2. Committee/Conduit ID Number (if applicable)		friendsofshannonstrassman@gmail.com		A4. Phone (312) 671-4709	
86 Pond View Way	Fitchburg	W. Taraba	WI	A8. Zip 53711	
SECTION B: REPORT INFORMATION					
B1. Report Type (Choose One)    January Continuing   Spring Pre-Print   Spring Pre-Elect	<del>-</del>	Special Pre-Primary Special Pre-Election Special Post-Election		BZ. Special Election Date (if applicable)	
Reporting Period  The start date for your campaign finance report should be the previous campaign finance. Example: If your previous report an end date of June 30, this report should have a start date of the st	B3. Reporting Period Start Date 3/31/202  B4. Reporting Period End Date				
Review the filing calendar with reporting periods online at	7/15/2021				
Party and Legislative Campaign Committees Only  B5. Is This Report for Your General Fund or Segregated Fund Account? (Choose One)  General Fund  Segregated Fund					
SECTION C: LIMITED ACTIVITY REPORTING EXEMPTION (OPTIONAL)					
Filing Exemption Registrants that will not accept contributions, make disburse, aggregate amount of more than \$2,000 in a calendar year ar campaign finance reports. Exempt status is effective only for granted. Registrants wishing to remain on exempt status mus not claim exemption in the year of their election before the de	C1. Exemption Request and Affirmation  Yes, this registrant is eligible for a filing exemption and would like to request an exemption for this calendar year.  No, this registrant is not requesting exemption				
SECTION D: CERTIFICATION					
I certify that the above named registrant has not engaged in any financial transactions during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills the requirements under Wis. Stat. § 11.0103(3)(d).					
Authorized Representative	1 De 01		7		
Krystal Strassman	D2. Signature			7/8/21	